

VASRD UPDATE TO THE MUSCULOSKELETAL AND MUSCLE INJURIES BODY SYSTEM

Olumayowa Famakinwa

Chief

VASRD Implementation Staff, VASRD Program Management Office



VASRD Update

- On 11/30/20, the Federal Register published the final rule, RIN 2900-AP88, establishing the update to the Musculoskeletal and Muscle Injuries body system. The rule will become effective 2/7/21.
- 4 new diagnostic codes were *added*:
 - 2 Musculoskeletal
 - 2 Muscle Injuries
- 3 diagnostic codes were *removed* from Musculoskeletal
- 31 diagnostic codes in Musculoskeletal were *revised*



Significant Changes

- Hip and knee replacements
 - Reduced 12 month temporary 100% to 4 months, but retained the 1-month of § 4.30
 - ❖ Total of 5 months at 100%
 - Added 'resurfacing' which is neither a total nor a partial joint replacement
 - ❖ Resurfaced joints cannot utilize DCs 5054/5055 to evaluate residuals; instead, utilize other hip or knee DCs
 - ❖ No minimum evaluation under DCs 5054/5055 for 'resurfacing'



Significant Changes

- Knee instability
 - Replaced subjective “slight”, “moderate”, and “severe” criteria with objective criteria for both recurrent subluxation and lateral instability (now called patellar instability)
 - Even though there are separate criteria for both recurrent subluxation and patellar instability, they are very similar:
 - ❖ 10% for evidence of recurrent instability *without* Rx for ambulatory device (walker, cane, crutches)
 - ❖ 20% for evidence of recurrent instability *with* Rx for *one* ambulatory device
 - ✓ Recurrent subluxation: More than one ambulatory device still only warrants 20% if no more than incomplete tear or successfully repaired complete tear
 - ✓ Patellar instability: Surgical repair (successful or not) is required for 20%
 - ❖ 30% for evidence of recurrent instability with both an ambulatory device and a knee brace



Significant Changes

- Medial tibial stress syndrome (MTSS) or shin splints (Under DC 5262)
 - Compensable evaluations cannot be assigned for MTSS/shin splints unless they have been treated for at least 12 consecutive months (regardless of the method of treatment: orthotics, surgery, *or* other conservative treatment)
 - Evaluations above 10% require that MTSS/shin splints are *unresponsive* to surgical correction *and* orthotics or other conservative treatment
 - Definitive separate compartment syndrome (DC 5331 and MG) and MTSS/shin splints (DC 5262) evaluation criteria and compartment syndrome must be evaluated using DC 5331 and criteria for the appropriate muscle group



Noteworthy Changes

- Hip and leg malunion criteria have been replaced with references to other DCs that provide objective criteria for evaluation
- Arm and thigh amputations have a new 100% criterion for amputations that include any portion of the scapula, clavicle, rib, or pelvic bones
- Foot amputation criteria remains same, but 30% criteria now includes up to half of the foot (metatarsal loss)
- Plantar fasciitis provides 10% evaluation just for having diagnosis
- ROM definitions found in the manual have now been incorporated
- Gout is now rated using DC 5003 instead of 5002